

Ohio 2017 Medical Professional Liability Closed Claim Report

Ohio Medical Professional Liability Closed Claim Report - 2017

I. Introduction

Pursuant to Ohio Revised Code (“ORC”) §3929.302 and Ohio Administrative Code (“OAC”) 3901-1-64, the Department of Insurance (“Department”) hereby submits its thirteenth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2017. This report also includes comparisons of calendar year 2017 data with the data from the prior twelve calendar years. Copies of the prior annual reports are available on the Department’s web site www.insurance.ohio.gov.

II. Overview

ORC §3929.302 requires all entities that provide medical professional liability insurance to health care providers located in Ohio, including authorized insurers, surplus lines insurers, risk retention groups and self-insurers, to report data to the Department regarding medical professional liability claims that close during the year. In addition, each entity must report the costs of defending medical professional liability claims and paying judgments and/or settlements on behalf of health care providers and health care facilities.

The Department is required to prepare an annual report to the General Assembly summarizing the closed claim data on a statewide basis. The data is summarized in this report in order to maintain the confidentiality of the specific data filed by each reporting entity.

Copies of ORC §3929.302 and OAC 3901-1-64 are attached to this report as Appendices A and B.

III. Data Collection

A secured application on the Department’s web site has been set up in order to capture the data elements required by OAC 3901-1-64, Medical Liability Data Collection. Companies must submit data by May 1 for each medical, dental, optometric or chiropractic claim closed in the prior calendar year.

IV. Description of Analysis

For the purposes of this report, and based on general practice, when an insurer or other insuring entity opens a file and begins to investigate the circumstances of a demand for compensation due to the alleged malpractice of a health care provider or facility, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed for one of the many reasons detailed in this report, even when the claimant receives no payment, the claim is considered closed. Multiple closed claim records can be generated from one incident, since a closed claim record must be entered for each health care provider and/or facility from which a demand for compensation is sought.

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In this report, two primary pieces of data are analyzed:

- **Paid Indemnity:** The amount of compensation paid on behalf of each defendant to a claimant.
- **Allocated Loss Adjustment Expense (ALAE):** The expenses incurred by a reporting entity, other than paid indemnity, which relate to a specific claim, such as the costs of investigation and defense counsel fees and expenses. As a business practice, some of the reporting entities do not allocate loss adjustment expenses to a specific claim.

This report organizes and summarizes the data to reflect the types of medical professional liability claims, the age and size of these claims, differences among regions of the state, differences among medical professionals, and several other categories.

V. Limitations of Analysis

The analysis is based entirely on historical closed claim data. That is, claims are reported to the Department and included in this analysis based on the year in which they reach a final outcome of any sort, including a trial verdict, settlement or the passing of the statute of limitations. Some arose from recent medical incidents, but many arose from incidents that occurred several years ago.

This report is not intended to be used to evaluate past or current medical professional liability insurance rates.

In addition, this data does not reflect plaintiffs' attorney fees, which are not collected separately and cannot be identified from this data or from any data available to the Department.

VI. Key Findings for 2017 Closed Claims

- **Total Claims:** For 2017, a total of 2,428 claims were reported by 92 entities. Authorized insurers¹ reported the most claims, 1,188. Self-insured entities reported 1,063 claims; surplus lines insurers² reported 125 claims; and risk retention groups³ reported 52 claims.

¹ Authorized (admitted) insurers are licensed to write business in the state; are subject to the Department's rate, policy form and solvency regulation; and are backed by the Ohio Insurance Guaranty Fund.

² Surplus lines insurers are not authorized and do not have guaranty fund backing, but are allowed to write policies for those doctors and hospitals that cannot obtain coverage from an authorized insurer. These companies must be on a list of eligible surplus lines insurers and are regulated for financial strength by their domiciliary state or country.

³ Risk retention groups are permitted by federal law to cover the liability insurance risk of the group's members. These groups are not backed by the guaranty fund.

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- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Over 73% of the claims, or 1,784, had no indemnity payments, while over 26% of the claims or 644, closed with an indemnity payment. The total amount paid to claimants was \$279,095,903, an average of \$433,379 per claim in which an indemnity payment was made.
- **ALAE:** While most claims closed with no payments to claimants, nearly all claims generated expenses for investigation and defense. The number of claims reported to have ALAE was 2,005. These expenses totaled \$92,297,256, an average of \$46,034 per claim.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants typically increases with the age of the claim. Of the claims that closed with an indemnity payment, 165 closed within one year of being reported and had an average paid indemnity of \$206,350. That figure rose to \$338,949 for 196 claims closing in their second year. Fourteen claims closed seven or more years after being reported with an average indemnity payment of \$2,324,607.
- **ALAE and Age of Claim:** Allocated loss adjustment expense increased with the age of the claim, starting with an average of \$5,944 for claims that closed in the first year, and increasing to \$25,812 for claims that closed in the second year. For claims, closing seven or more years after being reported the average ALAE was \$207,863.
- **Regional Comparisons:** Nearly half of the claims, or 1,182, came from Northeast Ohio. Of these, 27% or 321 resulted in indemnity payments totaling \$130,560,652. Forty-seven percent of the total dollar amount paid to claimants statewide in 2017 arose from Northeast Ohio claims. When the county was identified, Central Ohio had the highest average paid indemnity of \$546,976. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Southwest-\$452,310; Northeast-\$406,731; Northwest-\$276,173; and Southeast-\$213,127.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 105 with sixteen resulting in paid indemnity averaging \$395,497. For those specialties that are broken out, Obstetrics/Gynecology had the highest average paid indemnity of \$1,086,559 for seventeen claims with payments, out of 59 reported claims.
- **Treatment Comparisons:** Medical treatment, Non-Obstetrical, such as failure to treat, delay in treatment, or improper treatment produced the highest number of claims of 642 with 117 resulting in paid indemnity. Obstetrics-related claims totaled 121. Of these, 49 resulted in indemnity payments averaging \$1,396,553, the highest average payment for any type of injury.

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VII. Detailed Findings and Comparison with Prior Years

Claims by Outcome (Appendix C, Exhibits 1, 2 and 3)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 2,428 claims that were closed in 2017, more than 73% closed with no indemnity payment. Included in this figure are five categories:
 - 63.14% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 3.83% were dismissed by summary judgment or a directed verdict;
 - 3.87% ended with a verdict for the defendant;
 - 2.14% ended through a settlement;
 - 0.49% ended with alternative dispute resolution.

- The remaining 26.5% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 23.48% reached a settlement;
 - 2.43% used alternative dispute resolution;
 - 0.49% had a verdict for the plaintiff;
 - 0.12%⁴ ended with a summary judgment or directed verdict for the plaintiff.

Regardless of outcome, all categories of claims had expenses in the form of ALAE. That is, even though a claim may have closed without an indemnity payment, the claim was likely to generate investigation and legal expenses. Exhibit 2 provides the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$21,091. The three claims that were disposed of by a verdict for the plaintiff, with indemnity payment, had the highest average ALAE of \$664,677.

Exhibit 3 provides a comparison of the thirteen years of data collected. The percentage of claims that resulted in an indemnity payment has remained at approximately 20-25%.

Age of Claim (Appendix C, Exhibit 4)

This exhibit displays claims by age at the time of closing, and shows that typically average indemnity and average ALAE increased with the age of the claim. Claims that closed in their first year represent nearly 26% of the total and had the lowest average indemnity of \$206,350, and ALAE of \$5,944. Costs tended to grow significantly as the claims aged. The category of greater than 7 years had the largest average indemnity payments of \$2,324,607. The category of greater than 7 years also had the largest average ALAE of \$207,863.

⁴ Some of these breakdowns may not add up to 100% due to rounding. See Appendix C, Exhibits 1 and 2 for actual figures.

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Claims by Size (Appendix C, Exhibit 5)

Of the 2,428 claims reported closed in 2017, over 26% or 644, generated an indemnity payment. Of these 644 claims, 66 claims or 10.2% generated an indemnity payment greater than \$1 million. These 66 claims generated indemnity payments of \$174.6 million or 62.6% of the total indemnity payments for all claims. Another 67 claims, or 10.4%, generated an indemnity payment below \$1 million but at least \$500,000. These 67 claims generated indemnity payments of \$49.1 million or 17.6% of the total indemnity payments for all claims. In 2017, 80.2% of the total paid indemnity was generated by 20.6% of the claims that closed with an indemnity payment.

In comparison, for 2016, 69% of the total paid indemnity was generated by 16.4% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 6)

A total of 92 entities reported closed claim information to the Department. The reporting entities are categorized as authorized (admitted) insurance companies, surplus lines insurance companies, risk retention groups and self-insurers/captives. Of the 2,428 closed claims that were reported, 48.9% of the claims were reported by admitted insurance companies and 43.8% were reported by self-insurers/captives.

Claims by Region (Appendix C, Exhibits 7, 8 & 9)

Claims were reported by county. However, an exhibit showing details for each individual county would allow for identification of the specific claims in counties with very few claims, violating the requirement of confidentiality. In order to provide meaningful information regarding differences by location, the state is divided into five regions: Central, Northeast, Northwest, Southeast and Southwest. The counties within each region are shown in Exhibit 7, while Exhibit 8 displays claim data for the regions for calendar year 2017 closed claims.

Nearly half of the closed claims reported for 2017 were from the Northeast region. The claims from the Central region had the largest average indemnity payment. The Central region also incurred the largest average ALAE. Exhibit 9 displays the regional data for all thirteen years combined.

Claims by Physician Specialty (Appendix C, Exhibits 10 & 11)

Exhibit 10 displays ten physician and surgeon specialties. All other specialties are grouped together as "Other" to maintain confidentiality. Approximately 15.1% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2017.

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Of the physician specialties shown, Obstetrics/Gynecology had the highest average paid indemnity of \$1,086,559. Exhibit 11 displays the physician & surgeons' data for all thirteen years combined for all specialties.

Claims by Medical Provider Type (Appendix C, Exhibit 12)

Exhibit 12 displays the 2017 closed claims experience for all the provider types. Nearly 38% of the 2,428 closed claims were reported for Physicians/Surgeons. The largest average paid indemnity was \$560,377 for claims reported for Hospitals. The largest average ALAE of \$80,629 was for claims reported for Clinics. While 15.1% of the claims reported for a Physician/Surgeon resulted in an indemnity payment, 45% of the claims reported for a Hospital resulted in an indemnity payment.

Claims by Type of Injury (Appendix C, Exhibits 13 & 14)

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 2,428 claims reported as closed in 2017, over 70% of the claims were split between three categories, Non-Obstetrical Medical Treatment, Surgery-Related and Diagnosis-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Surgery-Related includes delay in surgery and improper performance of surgery. Diagnosis-Related includes failure to diagnose, misdiagnosis, and failure to diagnose. Obstetrics-Related claims had the highest average paid indemnity of \$1,396,553. Obstetrics-Related claims include improper delivery method, improper management of pregnancy, and delay in delivery. Obstetrics-Related claims also had the highest average ALAE of \$176,326. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all thirteen years combined for all injury descriptions.

Birth Injury Claims (Appendix C, Exhibit 15)

Reporting entities identified whether the closed claim was due to a birth injury. Of the 2,428 closed claims reported, 113 or 4.7% were identified as birth injury claims. Of these 113 birth injury claims, nearly 40% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,507,479, over three times the overall average indemnity payment of \$433,379.

Of the 41,831 closed claims reported for calendar years 2005 through 2017, 1,861 or 4.4% were identified as birth injury claims. Of these 1,861 birth injury claims, over 32% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$1,015,863, which is more than three times the overall average indemnity payment of \$309,217.

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Severity of Injury (Appendix C, Exhibit 16)

Of the 2,428 claims reported as closed in 2017, 877 or 36.1% of the claims were due to death, with an average paid indemnity of \$464,240. For claims with injuries identified as “permanent grave”, the average paid indemnity was \$1,777,481, an amount four times the overall average indemnity payment. “Permanent grave” injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 41,831 claims reported as closed for calendar years 2005 through 2017, 14,188 or 34% were due to death. For closed claims resulting in death, 20% closed with an indemnity payment, which averaged \$380,162. Closed claims for injuries identified as “permanent grave” totaled 816 for the thirteen years. For the closed claims that identified the injury as “permanent grave”, 30% closed with an indemnity payment, which averaged \$1,274,224.

Age of Injured Person (Appendix C, Exhibits 17 & 18)

Of the 2,428 claims reported as closed, 63.3% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 27.8% of the claims. Infants and minors together represented 8.6% the claims. The average indemnity payment for infants was the highest for the various age groupings, when the age was known, at \$1,355,009. Exhibit 18 displays the data for all thirteen years combined for these groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 2,428 claims reported as closed, 57% of the claims reported the injured party as female and 43% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$404,141. When the injured party was a male, the average indemnity payment was \$470,911.

Of the 41,831 claims reported as closed for calendar years 2005 through 2017, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$277,170. When the injured party was a male, the average indemnity payment was \$353,233. For females, 23.9% of the claims resulted in an indemnity payment, while for males, 22.3% resulted in indemnity payment.

Geographic Location of Injury (Appendix C, Exhibits 20 & 21)

Reporting entities identified the geographic location where the primary injury or complaint occurred that led to the medical professional liability claim. As shown on Exhibit 20, the greatest number of claims for 2017 was generated by incidents that occurred in the operating suite, followed by incidents that occurred in the medical professional’s office. These two locations represent nearly 43% of the reported claims. The largest average indemnity payments were due to incidents that

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occurred in the Nursery/Pediatric Ward. The largest average ALAE amounts were due to incidents that occurred in the Obstetrics Department. Exhibit 21 displays the data for all thirteen years combined.

VII. Impact of Tort Reform (S.B. 281)

Effective April 11, 2003, the 124th General Assembly enacted Senate Bill 281, which included a comprehensive set of tort reforms aimed at reducing the costs of litigation and stabilizing the Ohio medical professional liability insurance market. The following tables provide pre-SB 281 and post-SB 281 data for each year and in total.

A few points should be considered when drawing conclusions from this data. First, as noted above, the typical average indemnity payment increases with the age of the claim. Second, few claims have reached a trial or jury verdict that required separate detail of economic and non-economic damages and the potential for capping. The Department is sensitive to issues of confidentiality; therefore, it cannot release any specific information regarding these claims. Lastly, the Department is not capturing any data regarding risk management efforts that would possibly impact the number of, or cost of, medical professional liability claims as such data would be beyond the scope of the General Assembly's request in Senate Bill 281. Examples of such efforts would include, but not be limited to, better communications between providers and patients, patient safety and improved treatment protocols or procedures. Any analysis of trends in claims should include information on risk management efforts along with changes in the law.

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Closed Claim Year	Total # of Claims	# Claims (pre-SB 281)	Avg Indemnity (pre-SB 281)	Median Indemnity (pre-SB 281)	Avg ALAE (pre-SB 281)
2005	5,051	3,864	\$307,899	\$101,250	\$28,266
2006	4,004	1,939	\$342,091	\$100,000	\$34,470
2007	3,451	1,058	\$556,191	\$175,000	\$67,898
2008	3,080	458	\$422,498	\$153,000	\$111,388
2009	3,344	325	\$882,645	\$343,750	\$88,602
2010	2,988	167	\$527,336	\$172,000	\$83,773
2011	3,094	165	\$326,297	\$90,000	\$72,062
2012	2,773	86	\$886,731	\$715,000	\$72,189
2013	3,019	77	\$657,113	\$250,000	\$81,844
2014	3,154	51	\$738,267	\$750,000	\$105,476
2015	2,800	36	\$537,773	\$240,954	\$124,469
2016	2,645	34	\$1,050,000	\$575,000	\$132,135
2017	2,428	25	\$2,321,616	\$517,500	\$396,023
TOTAL	41,831	8,285	\$409,509	---	\$46,795

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Closed Claim Year	Total # of Claims	# Claims (post- SB 281)	Avg Indemnity (post-SB 281)	Median Indemnity (post-SB 281)	Avg ALAE (post-SB 281)	# Claims where verdict could have been subject to capping
2005	5,051	1,187	\$171,299	\$25,000	\$9,044	0
2006	4,004	2,065	\$235,677	\$45,000	\$15,768	2
2007	3,451	2,393	\$213,065	\$45,000	\$18,990	3
2008	3,080	2,622	\$221,685	\$50,383	\$28,738	0
2009	3,344	3,019	\$271,897	\$79,184	\$33,448	1
2010	2,988	2,821	\$209,071	\$50,088	\$25,739	4
2011	3,094	2,929	\$289,039	\$90,000	\$31,101	3
2012	2,773	2,687	\$290,248	\$85,000	\$28,192	0
2013	3,019	2,942	\$368,106	\$110,000	\$34,294	8
2014	3,154	3,103	\$284,239	\$90,000	\$40,370	3
2015	2,800	2,764	\$410,978	\$125,000	\$37,913	3
2016	2,645	2,611	\$271,260	\$75,000	\$38,933	0
2017	2,428	2,403	\$415,621	\$96,500	\$41,793	1
TOTAL	41,831	33,546	\$287,717	---	\$31,086	28

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VIII. Conclusion

This thirteenth annual report continues to provide insight into the details of Ohio medical professional liability claims. Trends continue to emerge as data for multiple years is gathered. With thirteen years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all thirteen years combined, approximately 77% of the claims closed without an indemnity payment.
- Almost all of the claims had costs in the form of ALAE.
- Higher value claims tended to be older. Conversely, smaller claims closed faster.
- Claims that went to trial were more likely to close with no indemnity payment, while those that settled or went through alternative dispute resolution were more likely to close with paid indemnity.

3929.302 Annual claims report by medical malpractice insurers - fine - confidentiality.

(A) The superintendent of insurance, by rule adopted in accordance with Chapter 119. of the Revised Code, shall require each authorized insurer, surplus lines insurer, risk retention group, self-insurer, captive insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, and any other entity that provides medical malpractice insurance to risks located in this state, to report information to the department of insurance at least annually regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in any of the following results:

- (1) A final judgment in any amount;
- (2) A settlement in any amount;
- (3) A final disposition of the claim resulting in no indemnity payment on behalf of the insured.

(B) The report required by division (A) of this section shall contain such information as the superintendent prescribes by rule adopted in accordance with Chapter 119. of the Revised Code, including, but not limited to, the following information:

- (1) The name, address, and specialty coverage of the insured;
- (2) The insured's policy number;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date and amount of the judgment, if any, including a description of the portion of the judgment that represents economic loss, noneconomic loss and, if applicable, punitive damages;
- (6) In the case of a settlement, the date and amount of the settlement;
- (7) Any allocated loss adjustment expenses;
- (8) Any other information required by the superintendent pursuant to rules adopted in accordance with Chapter 119. of the Revised Code.

(C) The superintendent may prescribe the format and the manner in which the information described in division (B) of this section is reported. The superintendent may, by rule adopted in accordance with Chapter 119. of the Revised Code, prescribe the frequency that the information described in division (B) of this section is reported.

(D) The superintendent may designate one or more rating organizations licensed pursuant to section [3937.05](#) of the Revised Code or other agencies to assist the superintendent in gathering the information, and making compilations thereof, required by this section.

(E) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any person or entity reporting under this section or its agents or employees, or the

department of insurance or its employees, for any action taken that is authorized under this section.

(F) The superintendent may impose a fine not to exceed five hundred dollars against any person designated in division (A) of this section that fails to timely submit the report required under this section. Fines imposed under this section shall be paid into the state treasury to the credit of the department of insurance operating fund created under section [3901.021](#) of the Revised Code.

(G) Except as specifically provided in division (H) of this section, the information required by this section shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person.

(H) The department of insurance shall prepare an annual report that summarizes the closed claims reported under this section. The annual report shall summarize the closed claim reports on a statewide basis, and also by specialty and geographic region. Individual claims data shall not be released in the annual report. Copies of the report shall be provided to the members of the general assembly.

(I)

(1) Except as specifically provided in division (I)(2) of this section, any information submitted to the department of insurance by an attorney, law firm, or legal professional association pursuant to rules promulgated by the Ohio supreme court shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information submitted is not subject to discovery or subpoena and shall not be made public by the department of insurance or any other person.

(2) The department of insurance shall summarize the information submitted by attorneys, law firms, and legal professional associations and include the information in the annual report required by division (H) of this section. Individual claims data shall not be released in the annual report.

(J) As used in this section, medical, dental, optometric, and chiropractic claims include those claims asserted against a risk located in this state that either:

(1) Meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code;

(2) Have not been asserted in any civil action, but that otherwise meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code.

Effective Date: 09-13-2004; 04-27-2005

3901-1-64 Medical liability data collection.

(A) Purpose

The purpose of this rule is to establish procedures and requirements for the reporting of specific medical, dental, optometric and chiropractic claims data to the Ohio department of insurance.

(B) Authority

This rule is promulgated pursuant to the authority vested in the superintendent under sections [3901.041](#) and [3929.302](#) of the Revised Code.

(C) Definitions

(1) "Medical, dental, optometric and chiropractic claims" include those claims asserted against a risk located in this state that either:

(a) Meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code, or

(b) Have not been asserted in any civil action, but that otherwise meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code.

(2) "Risk retention group" has the same meaning as in section [3960.01](#) of the Revised Code.

(3) "Surplus lines insurer" means an insurer that is not licensed to do business in this state, but is nonetheless approved by the department to offer insurance because coverage is not available through licensed insurers.

(4) "Self-insurer" means any person or persons who set aside funds to cover liability for future medical, dental, optometric or chiropractic claims or that otherwise assume their own risk or potential loss for such claims. "Self-insurer" includes captives.

(D) Each authorized insurer, surplus lines insurer, risk retention group, self-insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, or any other entity that offers medical malpractice insurance to, or that otherwise assumes liability to pay medical, dental, optometric or chiropractic claims for, risks located in this state, shall report at least annually to the superintendent of insurance, or to the superintendent's designee, information regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in:

(1) A final judgment in any amount,

(2) A settlement in any amount, or

(3) A final disposition of the claim resulting in no indemnity payment on behalf of the covered person or persons.

(E) The report required by paragraph (D) of this rule shall include for each claim:

- (1) The name, address and specialty coverage of each covered person;
- (2) The insured's policy number, if applicable;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date the claim was reported and the claim number;
- (6) The injured person's age and sex;
- (7) If the medical, dental, optometric, or chiropractic claim was filed with the court, the case number and the name and location of the court;
- (8) In the case of a judgment, the date and amount of the judgment and, if the judgment is subject to the itemization requirements in division (B) of section [2323.43](#) of the Revised Code, a description of the portion of the judgment that represents economic loss, non-economic loss and punitive damages, if any;
- (9) In the case of a settlement, the date and amount of the settlement and, if known, the injured person's incurred medical expense, wage loss, and other expenses;
- (10) Any loss adjustment expenses allocated to the claim or, if known, the amount allocated to each covered person;
- (11) The loss adjustment expense, broken down between fees and expenses, paid to defense counsel;
- (12) The date and reason for final disposition, if no judgment or settlement, and the type of disposition;
- (13) Unless disclosure is otherwise prohibited by state or federal law, a summary of the occurrence which created the claim which shall include:
 - (a) The name of the institution, if any, and the location at which the injury occurred;
 - (b) The operation, diagnosis, treatment, procedure or other medical event or incident giving rise to the alleged injury;
 - (c) A description of the principal injury giving rise to the claim.

(F) Frequency The report(s) required by this rule shall be filed with the superintendent, or the superintendent's designee, on or before May first of each year, and shall contain information for the previous calendar year.

(G) Noncompliance

Any person listed in paragraph (D) of this rule that fails to timely submit the report required under this section shall be subject to a fine not to exceed five hundred dollars.

(H) Confidentiality

Information reported to the superintendent or the superintendent's designee pursuant to this rule shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person, including any rating organizations or other agencies designated by the superintendent to gather and/or compile the information.

(I) The requirements of this rule do not apply to reinsurers, reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.

(J) Severability

If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.

Effective: 11/10/2014

Five Year Review (FYR) Dates: 08/26/2014 and 08/26/2019

Promulgated Under: [119.03](#)

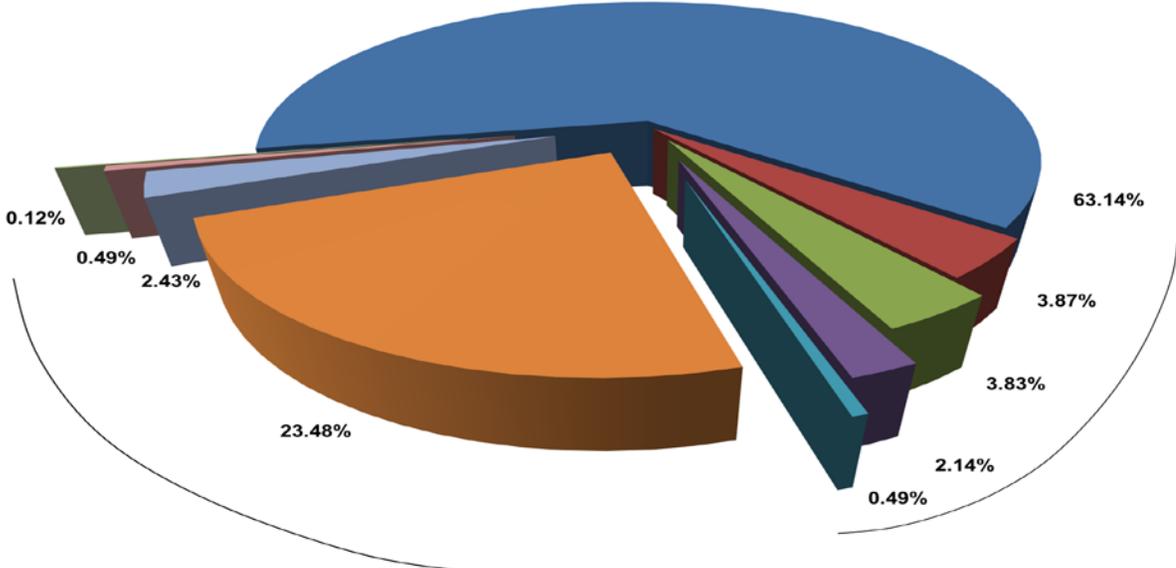
Statutory Authority: [3901.041](#) , [3929.302](#)

Rule Amplifies: [3929.302](#)

Prior Effective Dates: 1/2/2005

OHIO Closed Claims in 2017 Outcome of Malpractice Claims

2428 Closed Claims



26.52% - Claims With Indemnity Payment

73.48% - Claims Without Indemnity Payment

Appendix C, Exhibit 1

- 63.14% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 3.87% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 3.83% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 2.14% Disposed of by Settlement Agreement -- Without Indemnity
- 0.49% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 23.48% Disposed of by Settlement Agreement -- With Indemnity
- 2.43% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.49% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.12% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Final
Disposition Description

Appendix C, Exhibit 2

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice -- Without Indemnity	1533	63.1%	1290	\$27,207,715	\$21,091	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	94	3.9%	91	\$11,328,685	\$124,491	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	93	3.8%	86	\$4,651,185	\$54,084	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	52	2.1%	47	\$1,658,503	\$35,287	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	12	0.5%	12	\$203,188	\$16,932	0	\$0	\$0

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Disposed of by Settlement Agreement -- With Indemnity	570	23.5%	411	\$38,329,509	\$93,259	570	\$212,755,657	\$373,256
Disposed of by Alternative Dispute Resolution -- With Indemnity	59	2.4%	53	\$3,585,489	\$67,651	59	\$48,115,018	\$815,509
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	12	0.5%	12	\$3,338,949	\$278,246	12	\$9,338,528	\$778,211
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	3	0.1%	3	\$1,994,032	\$664,677	3	\$8,886,700	\$2,962,233
TOTALS and AVERAGES:	2428	100.0%	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO

Closed Claims for 2005- 2017 ALAE and Indemnity Payments

CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$288,080	\$88,131,139	\$25,672
2007	3,451	21.6%	78.4%	\$235,463,393	\$315,635	\$103,033,668	\$35,603
2008	3,080	26.4%	73.6%	\$205,553,255	\$252,522	\$112,678,455	\$42,249
2009	3,344	24.0%	76.0%	\$258,370,436	\$322,158	\$107,739,769	\$39,350
2010	2,988	25.3%	74.7%	\$175,134,565	\$231,353	\$69,969,486	\$29,424
2011	3,094	24.3%	75.7%	\$218,260,316	\$290,626	\$84,010,903	\$33,591
2012	2,773	20.8%	79.2%	\$177,323,025	\$307,852	\$69,727,192	\$29,671
2013	3,019	23.5%	76.5%	\$266,688,492	\$376,679	\$85,857,388	\$35,493
2014	3,154	23.5%	76.5%	\$215,615,578	\$290,979	\$107,179,699	\$41,478
2015	2,800	23.8%	76.2%	\$274,979,308	\$412,882	\$94,225,610	\$39,098
2016	2,645	24.7%	75.3%	\$181,805,013	\$278,415	\$91,234,810	\$40,334
2017	2,428	26.5%	73.5%	\$279,095,903	\$433,379	\$92,297,256	\$46,034
TOTALS and AVERAGES:	41,831	23.2%	76.8%	\$2,998,789,794	\$309,217	\$1,219,279,940	\$34,568

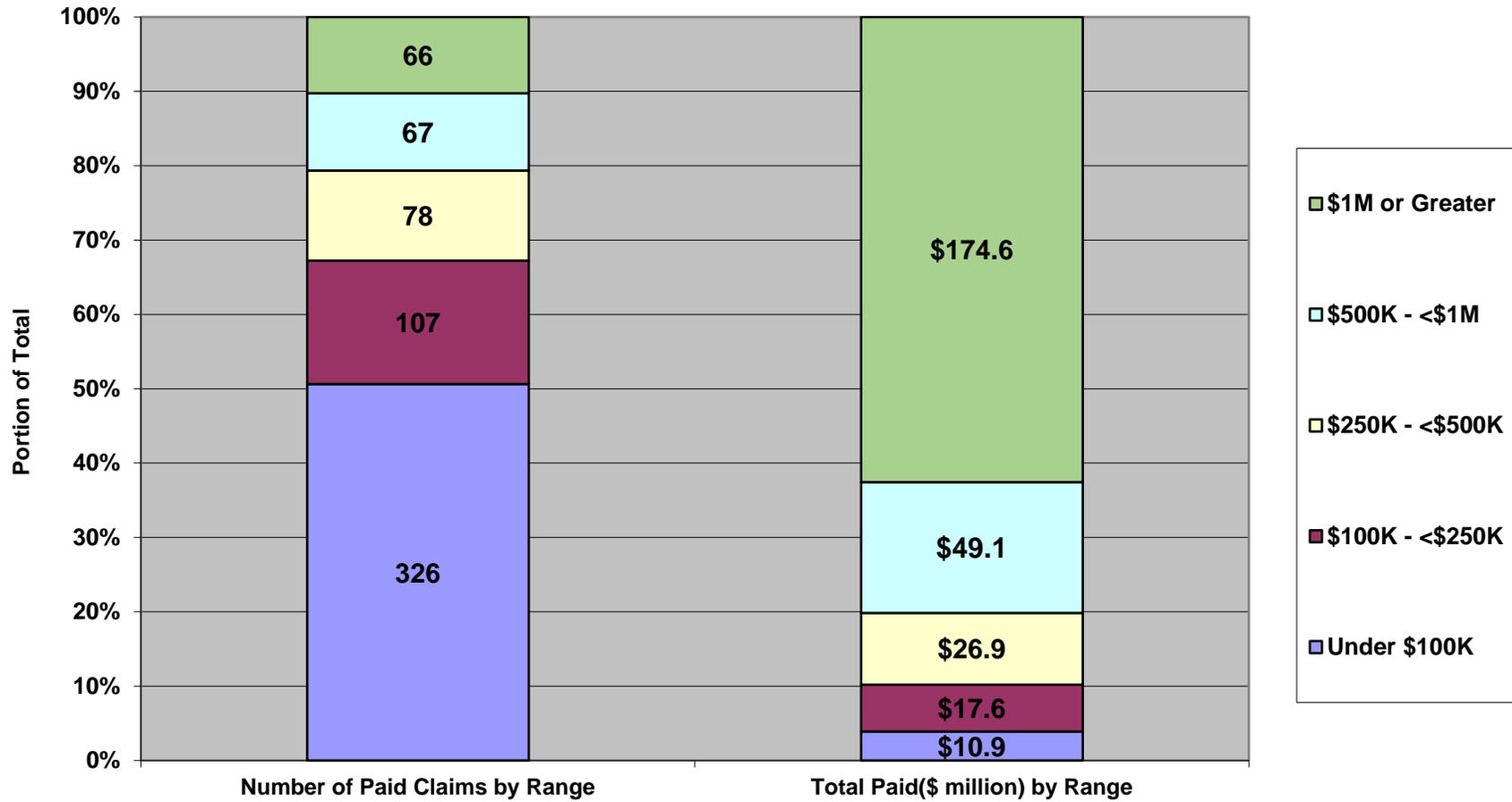
OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Age of

Appendix C, Exhibit 4

AGE IN YEARS	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Less Than 1	677	464	\$2,757,953	\$5,944	165	\$34,047,739	\$206,350
1 But Less Than 2	798	667	\$17,216,811	\$25,812	196	\$66,434,078	\$338,949
2 But Less Than 3	443	397	\$18,517,836	\$46,644	113	\$60,089,102	\$531,762
3 But Less Than 4	221	212	\$19,996,156	\$94,321	67	\$38,337,384	\$572,200
4 But Less Than 5	130	124	\$11,454,218	\$92,373	50	\$21,717,126	\$434,343
5 But Less Than 6	56	52	\$5,799,028	\$111,520	23	\$8,277,280	\$359,882
6 But Less Than 7	65	55	\$9,487,921	\$172,508	16	\$17,648,694	\$1,103,043
7 or Greater	38	34	\$7,067,333	\$207,863	14	\$32,544,500	\$2,324,607
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

**OHIO
2017 Closed Claims
By Size of Payment**

Appendix C, Exhibit 5

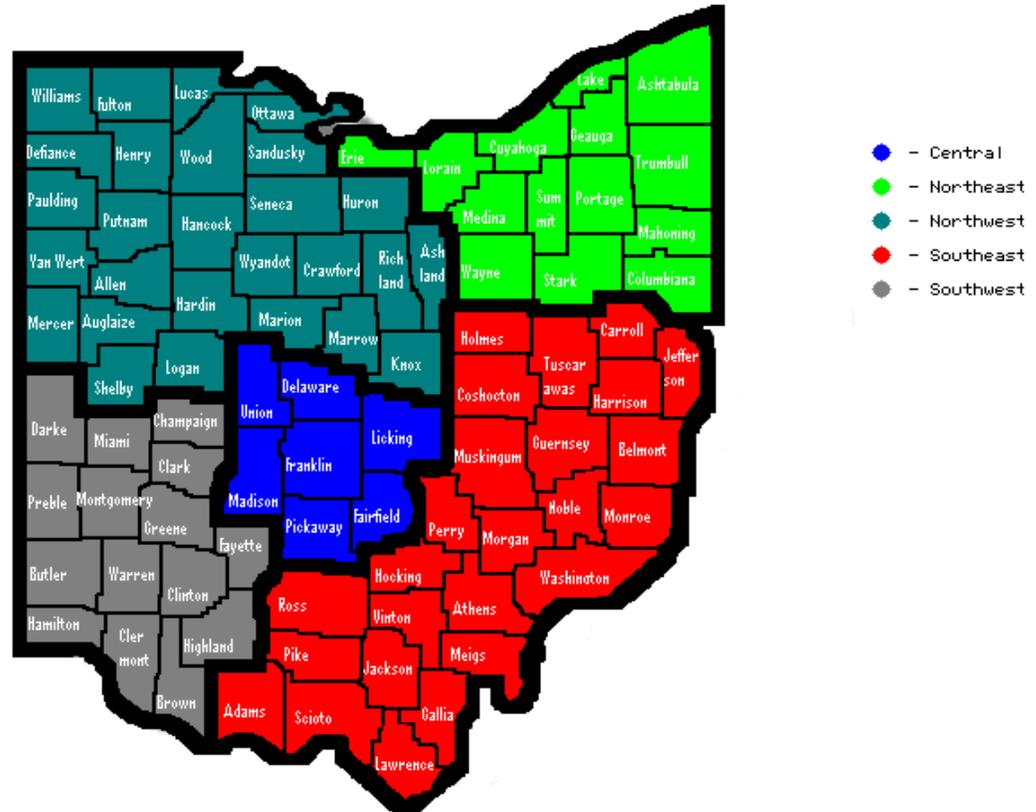


OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Insurer Type

Appendix C, Exhibit 6

INSURING ENTITY TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Insurance Company - Authorized/Admitted	1188	1094	\$43,259,721	\$39,543	183	\$63,536,417	\$347,194
Insurance Company - Surplus Lines	125	107	\$4,609,971	\$43,084	67	\$32,104,575	\$479,173
Risk Retention Group	52	47	\$1,522,852	\$32,401	23	\$3,512,500	\$152,717
Self Insurers (Captives)	1063	757	\$42,904,712	\$56,677	371	\$179,942,411	\$485,020
TOTALS and	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

Closed Claims 2017 Regions



The counties displayed on the map include the following:

Central:

Delaware, Franklin, Licking, Madison, Pickaway, Union

Northeast:

Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Wayne

Northwest:

Allen, Ashland, Auglaize, Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Huron, Knox, Logan, Lucas, Marion, Mercer, Morrow, Ottawa, Paulding, Putnam, Richland, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot

Southeast:

Adams, Athens, Belmont, Carroll, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, Washington

Southwest:

Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Warren

OHIO

2017 Closed Claims

ALAE and Indemnity Payment by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Central								
	Franklin	270	237	\$17,721,588	\$74,775	67	\$39,374,891	\$587,685
	Central - Remainder	43	38	\$1,213,668	\$31,939	7	\$1,101,342	\$157,335
	Totals and Averages:	313	275	\$18,935,256	\$68,855	74	\$40,476,233	\$546,976
Northeast								
	Cuyahoga	550	396	\$15,737,773	\$39,742	171	\$81,154,268	\$474,586
	Summit	181	167	\$3,831,282	\$22,942	32	\$6,298,253	\$196,820
	Stark	154	150	\$2,733,907	\$18,226	30	\$6,232,000	\$207,733
	Mahoning	59	59	\$2,192,209	\$37,156	15	\$2,958,620	\$197,241
	Lorain	40	36	\$841,144	\$23,365	10	\$2,663,300	\$266,330
	Northeast - Remainder	198	175	\$12,527,627	\$71,586	63	\$31,254,211	\$496,099
	Totals and Averages:	1182	983	\$37,863,941	\$38,519	321	\$130,560,652	\$406,731

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Lucas	122	112	\$4,358,792	\$38,918	24	\$7,357,258	\$306,552
	Northwest - Remainder	164	143	\$6,252,190	\$43,722	44	\$11,422,483	\$259,602
	Totals and Averages:	286	255	\$10,610,981	\$41,612	68	\$18,779,741	\$276,173
Southeast								
	Southeast	115	102	\$4,841,121	\$47,462	50	\$10,656,352	\$213,127
	Totals and Averages:	115	102	\$4,841,121	\$47,462	50	\$10,656,352	\$213,127
Southwest								
	Hamilton	243	155	\$9,988,677	\$64,443	70	\$29,655,934	\$423,656
	Montgomery	155	120	\$5,025,923	\$41,883	30	\$16,185,163	\$539,505
	Butler	54	49	\$2,586,871	\$52,793	10	\$9,078,321	\$907,832
	Southwest - Remainder	74	60	\$2,218,713	\$36,979	19	\$3,428,508	\$180,448
	Totals and Averages:	526	384	\$19,820,184	\$51,615	129	\$58,347,926	\$452,310
Unknown								
	Unknown	6	6	\$225,772	\$37,629	2	\$20,275,000	\$10,137,500
	Totals and Averages:	6	6	\$225,772	\$37,629	2	\$20,275,000	\$10,137,500
GRAND TOTALS and AVERAGES:		2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO

2005 -2017 Closed Claims
ALAE and Indemnity Payment by Region and County

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Central		5250	21.87%	78.13%	\$327,217	\$34,286
	Franklin	4518	21.34%	78.66%	\$340,543	\$31,300
	Remainder	732	25.14%	74.86%	\$257,400	\$52,259
Northeast		20421	23.15%	76.85%	\$330,112	\$32,854
	Cuyahoga	10281	26.44%	73.56%	\$373,190	\$32,361
	Lorain	989	23.36%	76.64%	\$289,918	\$42,012
	Mahoning	1305	19.62%	80.38%	\$230,525	\$38,315
	Remainder	3022	22.34%	77.66%	\$309,036	\$37,011
	Stark	1612	18.36%	81.64%	\$188,866	\$28,206
	Summit	3212	17.19%	82.81%	\$282,518	\$27,543
Northwest		5686	22.35%	77.65%	\$263,002	\$33,496
	Lucas	2666	21.64%	78.36%	\$310,739	\$33,992
	Remainder	3020	22.98%	77.02%	\$223,312	\$33,045

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Southeast		2184	24.86%	75.14%	\$219,634	\$33,522
	Southeast	2184	24.86%	75.14%	\$219,634	\$33,522
Southwest		8115	24.18%	75.82%	\$295,659	\$39,893
	Butler	749	21.36%	78.64%	\$206,577	\$25,657
	Hamilton	3534	22.81%	77.19%	\$321,462	\$37,878
	Montgomery	2418	25.48%	74.52%	\$306,192	\$48,079
	Remainder	1414	26.87%	73.13%	\$261,364	\$37,950
Unknown		175	26.29%	73.71%	\$625,127	\$43,752
	Unknown	175	26.29%	73.71%	\$625,127	\$43,752

OHIO

Appendix C, Exhibit 10

2017 Closed Claims

ALAE and Indemnity Payments by Physician Specialty

PHYSICIAN SPECIALTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Internal Medicine	105	99	\$2,896,014	\$29,253	16	\$6,327,945	\$395,497
Radiology	86	67	\$2,220,917	\$33,148	12	\$3,175,000	\$264,583
Emergency Medicine	75	72	\$2,371,353	\$32,935	17	\$6,857,500	\$403,382
Surgery - General	75	51	\$2,096,778	\$41,113	17	\$7,477,663	\$439,863
Family Physicians/General Practitioners	69	66	\$2,798,527	\$42,402	11	\$4,767,931	\$433,448
Obstetrics/Gynecology	59	52	\$5,816,913	\$111,864	17	\$18,471,500	\$1,086,559
Surgery - Orthopedic	54	44	\$1,231,169	\$27,981	5	\$542,200	\$108,440
Anesthesiology	46	35	\$1,074,171	\$30,691	3	\$550,000	\$183,333
Cardiovascular Disease	42	36	\$1,069,636	\$29,712	4	\$945,000	\$236,250
Other	310	241	\$12,154,005	\$50,432	37	\$15,269,541	\$412,690
TOTALS and AVERAGES:	921	763	\$33,729,484	\$44,206	139	\$64,384,279	\$463,196

OHIO
2005 - 2017 Closed Claims
ALAE and Indemnity Payments by Physician Specialty

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
All P & S Specialties	18,618	13.8%	86.2%	\$349,082	\$31,985
Internal Medicine	2,163	11.5%	88.5%	\$266,889	\$31,698
Emergency Medicine	1,601	14.1%	85.9%	\$309,517	\$29,223
Family Physicians\General Practitioners	1,574	19.1%	80.9%	\$299,290	\$36,027
Surgery - General	1,550	14.1%	85.9%	\$335,476	\$35,862
Surgery - Orthopedic	1,502	12.8%	87.2%	\$238,990	\$23,089
Obstetrics/Gynecology	1,452	23.3%	76.7%	\$490,110	\$60,813
Radiology	1,275	16.6%	83.4%	\$222,911	\$26,363
Anesthesiology	802	13.1%	86.9%	\$484,046	\$24,692
Cardiovascular Disease	695	10.5%	89.5%	\$435,920	\$29,104

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Neurology	576	10.6%	89.4%	\$520,065	\$38,168
Gastroenterology	410	8.8%	91.2%	\$420,919	\$24,346
Pediatrics	374	12.6%	87.4%	\$426,844	\$33,757
Surgery - Plastic	340	12.6%	87.4%	\$328,498	\$25,887
Pulmonary	314	8.3%	91.7%	\$293,351	\$25,751
Surgery - Cardiac	294	7.5%	92.5%	\$453,614	\$28,532
Ophthalmology	271	18.1%	81.9%	\$182,939	\$18,645
Urology	267	13.5%	86.5%	\$384,623	\$19,782
Hospitalists	257	5.8%	94.2%	\$451,834	\$23,764
Surgery - Vascular	230	10.4%	89.6%	\$260,292	\$29,650
Otorhinolaryngology	228	22.4%	77.6%	\$345,405	\$34,099
Surgery - Thoracic	216	8.8%	91.2%	\$317,417	\$28,682
Psychiatry	186	15.1%	84.9%	\$194,621	\$32,647

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Physical Medicine & Rehabilitation	176	5.7%	94.3%	\$719,500	\$20,553
Gynecology	158	22.2%	77.8%	\$321,134	\$37,998
Pathology	154	20.1%	79.9%	\$603,315	\$27,234
Surgery - Head	152	5.9%	94.1%	\$293,602	\$27,843
Nephrology	140	5.7%	94.3%	\$323,310	\$20,819
Hematology	119	13.4%	86.6%	\$377,083	\$32,781
Dermatology	102	16.7%	83.3%	\$58,626	\$15,634
Infectious Diseases	92	5.4%	94.6%	\$510,000	\$17,194
Surgery - Urological	88	13.6%	86.4%	\$199,250	\$17,426
Pain Management	76	14.5%	85.5%	\$241,364	\$16,908
Oncology	71	11.3%	88.7%	\$615,375	\$24,364
Surgery - Colon & Rectal	70	10.0%	90.0%	\$562,134	\$67,453
Other	64	12.5%	87.5%	\$174,677	\$14,264

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Unknown	62	24.2%	75.8%	\$135,562	\$24,175
Endocrinology	56	10.7%	89.3%	\$253,611	\$21,975
Physicians Assistants	56	14.3%	85.7%	\$415,219	\$23,077
Neonatal/Perinatal Medicine	46	21.7%	78.3%	\$651,667	\$71,591
Rheumatology	46	17.4%	82.6%	\$551,250	\$27,367
Intensive Care Medicine	42	7.1%	92.9%	\$305,000	\$19,534
Physicians NOC	41	9.8%	90.2%	\$485,208	\$21,408
Geriatrics	41	7.3%	92.7%	\$42,333	\$19,851
Surgery - Traumatic	38	13.2%	86.8%	\$455,000	\$22,592
Surgery - Hand	29	6.9%	93.1%	\$87,500	\$12,100
General Preventive Medicine	28	7.1%	92.9%	\$200,000	\$27,552
Family Physicians\General Practitioners with Delivery	22	27.3%	72.7%	\$427,500	\$66,443
Surgery - Pediatric	21	14.3%	85.7%	\$866,667	\$12,469

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Radiology Therapeutic	20	20.0%	80.0%	\$366,250	\$18,330
Surgery - Abdominal	19	21.1%	78.9%	\$140,625	\$16,880
Allergy/Immunology	11	9.1%	90.9%	\$5,000	\$12,877

OHIO

2017 Closed Claims

ALAE and Indemnity Payments by Medical Provider Type

PROVIDER TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physicians/Surgeons	921	763	\$33,729,484	\$44,206	139	\$64,384,279	\$463,196
Hospitals	660	506	\$36,183,834	\$71,510	297	\$166,431,909	\$560,377
Corporation	434	405	\$10,959,714	\$27,061	60	\$26,013,868	\$433,564
Other Medical Professionals	195	146	\$3,489,823	\$23,903	53	\$6,330,879	\$119,451
Nursing Home/Assisted Living	122	108	\$3,103,336	\$28,735	74	\$9,200,905	\$124,337
Clinic	53	50	\$4,031,446	\$80,629	5	\$2,025,406	\$405,081
Other Facilities	42	26	\$796,889	\$30,650	15	\$4,694,656	\$312,977
Pharmacy	1	1	\$2,730	\$2,730	1	\$14,000	\$14,000
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO

Appendix C, Exhibit 13

2017 Closed Claims

ALAE and Indemnity Payments by Injury

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	642	539	\$16,339,023	\$30,314	117	\$27,317,560	\$233,483
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	565	460	\$21,579,789	\$46,913	140	\$54,592,947	\$389,950
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	523	453	\$18,718,003	\$41,320	105	\$68,028,674	\$647,892
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	132	112	\$5,007,562	\$44,710	38	\$11,894,765	\$313,020

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	129	96	\$2,492,669	\$25,965	70	\$14,781,629	\$211,166
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	121	113	\$19,924,813	\$176,326	49	\$68,431,074	\$1,396,553
Patient Monitoring-Related (Failure to Monitor, etc.)	111	92	\$4,116,559	\$44,745	49	\$8,799,527	\$179,582
Other (No Listed Category Applies)	94	67	\$1,956,555	\$29,202	35	\$21,431,380	\$612,325
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	39	23	\$633,717	\$27,553	9	\$1,298,179	\$144,242

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	26	21	\$751,056	\$35,765	15	\$1,534,613	\$102,308
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	24	14	\$327,283	\$23,377	12	\$954,750	\$79,563
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	22	15	\$450,227	\$30,015	5	\$30,806	\$6,161
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO
2005 - 2017 Closed Claims
ALAE and Indemnity Payments by Injury Type

Appendix C, Exhibit 14

Injury Description	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
All Injury Types	41831	23.2%	76.8%	\$309,217	\$34,568
Anesthesia Related	789	22.3%	77.7%	\$476,304	\$33,040
Blood Related	2140	32.2%	67.8%	\$291,723	\$37,843
Breach of Confidentiality\Communication	524	30.3%	69.7%	\$152,944	\$32,026
Diagnosis-Related	10230	17.8%	82.2%	\$384,149	\$37,337
Equipment Related	552	44.7%	55.3%	\$111,915	\$18,554
Medical Treatment \Non-Obstetrical	11262	18.5%	81.5%	\$230,777	\$26,327
Obstetrics Related	1883	32.3%	67.7%	\$981,568	\$103,583
Other	2132	21.2%	78.8%	\$117,137	\$18,877
Patient Monitoring Related	1490	39.3%	60.7%	\$336,240	\$49,804
Policies & Procedures Related	300	41.3%	58.7%	\$144,854	\$34,409
Safety & Security Related	1980	57.0%	43.0%	\$108,013	\$23,828
Surgery Related	8509	19.1%	80.9%	\$289,224	\$28,939

OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Birth Injury

Appendix C, Exhibit 15

BIRTH INJURY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
No	2315	1897	\$71,797,212	\$37,848	599	\$211,259,329	\$352,687
Yes	113	108	\$20,500,044	\$189,815	45	\$67,836,574	\$1,507,479
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Severity

Appendix C, Exhibit 16

SEVERITY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE AMT	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Death	877	759	\$32,711,149	\$43,098	190	\$88,205,652	\$464,240
Emotional	76	62	\$1,454,766	\$23,464	22	\$1,202,789	\$54,672
Permanent Grave	65	59	\$7,951,167	\$134,766	27	\$47,992,000	\$1,777,481
Permanent Major	203	174	\$21,889,349	\$125,801	77	\$90,188,321	\$1,171,277
Permanent Minor	194	156	\$7,541,337	\$48,342	52	\$10,559,458	\$203,067
Permanent Significant	162	148	\$9,081,354	\$61,361	37	\$26,273,007	\$710,081
Temporary Low Significance	104	67	\$812,210	\$12,123	21	\$461,780	\$21,990
Temporary Major	337	276	\$5,609,214	\$20,323	104	\$9,868,151	\$94,886
Temporary Minor	410	304	\$5,246,709	\$17,259	114	\$4,344,743	\$38,112
TOTALS and	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Age

Appendix C, Exhibit 17

AGE RANGE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Adult (Ages 18-64)	1538	1288	\$50,433,845	\$39,157	365	\$128,676,683	\$352,539
Senior (Age 65+)	676	552	\$16,018,267	\$29,019	185	\$34,214,927	\$184,946
Infant (Less than 1 year old)	135	95	\$20,081,007	\$211,379	58	\$78,590,536	\$1,355,009
Minor (Ages 1 to 17)	73	66	\$2,316,471	\$35,098	34	\$30,578,757	\$899,375
Unknown	6	4	\$3,447,666	\$861,916	2	\$7,035,000	\$3,517,500
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO
2005 - 2017 Closed Claims
ALAE and Indemnity Payments by Age

Age	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Adult 18 - 64	27,970	20.1%	79.9%	\$285,223	\$30,540
Senior 65 +	9,804	28.0%	72.0%	\$161,768	\$28,742
Infant	2,085	34.3%	65.7%	\$945,912	\$106,363
Minor 1 - 17	1,807	30.8%	69.2%	\$432,580	\$39,744

OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Gender

Appendix C, Exhibit 19

GENDER	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Female	1384	1133	\$45,472,163	\$40,134	362	\$146,298,988	\$404,141
Male	1044	872	\$46,825,093	\$53,699	282	\$132,796,916	\$470,911
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO
2017 Closed Claims
ALAE and Indemnity Payments by Location

Appendix C, Exhibit 20

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Operating Suite (Includes Pre-Op & Operating Rooms)	624	503	\$23,696,203	\$47,110	143	\$81,550,884	\$570,286
Medical Professional's Office	419	367	\$10,127,277	\$27,595	80	\$20,290,027	\$253,625
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	296	246	\$9,964,637	\$40,507	102	\$24,047,946	\$235,764
Emergency Room/Emergency Department	287	241	\$8,975,954	\$37,245	70	\$32,032,136	\$457,602

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	150	132	\$3,001,673	\$22,740	63	\$8,494,600	\$134,835
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	125	115	\$20,582,917	\$178,982	51	\$68,958,536	\$1,352,128
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	118	103	\$4,159,669	\$40,385	24	\$3,728,670	\$155,361
Other (No Listed Location Applies)	77	62	\$2,998,907	\$48,369	19	\$7,847,869	\$413,046
Outpatient/Ambulatory Care Areas or Facilities	75	43	\$1,618,892	\$37,649	20	\$6,062,690	\$303,135
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	63	51	\$2,131,393	\$41,792	26	\$2,264,552	\$87,098

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Critical Care Unit (ICU/CCU/NICU)	62	57	\$2,254,042	\$39,545	9	\$5,820,000	\$646,667
Nursery/Pediatric Ward	35	8	\$352,227	\$44,028	3	\$7,451,000	\$2,483,667
Patient's Home	25	21	\$522,221	\$24,868	6	\$790,677	\$131,780
Physical Therapy Dept.	23	20	\$413,072	\$20,654	10	\$1,549,500	\$154,950
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	20	17	\$916,636	\$53,920	4	\$5,825,000	\$1,456,250
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	11	9	\$353,954	\$39,328	4	\$1,816,194	\$454,049

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	11	5	\$173,989	\$34,798	9	\$495,622	\$55,069
Hospice Area or Facility	5	3	\$7,827	\$2,609	1	\$70,000	\$70,000
Recovery Room (Post-Anesthesia Care Unit)	2	2	\$45,766	\$22,883	0	\$0	\$0
TOTALS and AVERAGES:	2428	2005	\$92,297,256	\$46,034	644	\$279,095,903	\$433,379

OHIO
2005 - 2017 Closed Claims
ALAE and Indemnity Payments by Location

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Operating Room	10,314	19.6%	80.4%	\$315,599	\$29,629
Medical Professional Office	7,933	19.6%	80.4%	\$236,110	\$26,332
Patient's Room	5,481	27.1%	72.9%	\$245,280	\$33,776
Emergency Department	5,442	19.5%	80.5%	\$264,018	\$30,807
Obstetrics Department	2,027	32.8%	67.2%	\$964,149	\$105,366
Radiology	1,905	20.5%	79.5%	\$256,304	\$37,176
Other	1,858	20.9%	79.1%	\$203,509	\$23,666
Nursing Home	1,713	38.6%	61.4%	\$129,825	\$34,216
Outpatient\Ambulatory Care	1,095	27.1%	72.9%	\$248,914	\$23,367
Special Procedure Room	1,061	22.7%	77.3%	\$276,784	\$32,477

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Critical Care Unit	956	20.7%	79.3%	\$625,670	\$38,204
Patient's Home	617	31.3%	68.7%	\$231,920	\$41,546
Ancillary Services	347	37.2%	62.8%	\$211,174	\$32,714
Nursery/Pediatric Ward	253	36.4%	63.6%	\$636,813	\$85,381
Mental Health	184	25.5%	74.5%	\$301,653	\$34,748
Facility Support Areas	181	59.7%	40.3%	\$52,006	\$25,288
Physical Therapy Dept	179	39.7%	60.3%	\$104,682	\$18,522
Recovery Room	179	33.5%	66.5%	\$319,362	\$68,814
Hospice	106	28.3%	71.7%	\$75,039	\$20,912